

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-586,834

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	2					
7		2				
8	1					
9		1				
10	1					
11	1					
12	1					
13	1					
14	1					
15	2	2				
16		2				
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23		1				
24	2					
25	2					
26	1					
27	1					
28						
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50						
TOTAL IND.	3	↓	↓	↓	↓	
TOTAL DEP.	30	←	←	←		
TOTAL CLAIMS	33	[QR]	[QR]	[QR]	[QR]	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	